

March 22, 2001

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Thomas Communications & Technologies

Federal Communications Commission
Office of the Secretary
445 12th Street, S.W.
Room TW-A325
Washington, DC 20554

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MAR 23 2001

FCC MAIL ROOM

Shari Dwyer
The Thomas Group
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Syracuse, New York 13202
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sld@thomasamerica.com
www.TheThomasGrp.com

In the matter of: Request for Review by Thomas Communications & Technologies, LLC of Decision of Universal Service Administrator (CC Docket Nos. 96-45 and 97-21)

Re: 471 Application #201837 - Horseheads Central School District

To Whom It May Concern:

Thomas Communications & Technologies, LLC (TC&T) is an E-rate consulting firm for Horseheads Central School District. It is our belief that Horseheads Central School District was erroneously denied funding for its telecommunication services for E-rate Program Year III.

During the application process for E-rate Program Year III, TC&T applied on behalf of the Horseheads Central School District for funding for their cellular service. The school district uses two separate service providers for their cellular service. However, expenses incurred with both service providers were inadvertently combined and funding was requested for only one of the cellular service providers.

The SLD noticed a discrepancy when processing the Block 5 for which both Frontier Cellular (NYNEX Mobile of New York) and Cellular One's (Vanguard Cellular Systems) May, 1999 bills were submitted as back-up documentation. We were instructed to decrease the monthly charges on the Block 5 by \$86.20 (monthly expense for Cellular One). However, in doing so, the school district will not be granted funding for its Cellular One services.

Therefore, I am requesting that FRN #473319 be "split" into two separate FRNs; one for services provided by Frontier Cellular and the other for services provided by Cellular One.

Enclosed is a copy of the original Block 5 and a revised Block 5 for each cellular service provider. Please note that monthly charges listed on the revised Block 5s total the amount listed on the original Block 5. Also, the 46% discount level originally requested has been changed to 44% per the SLD.

Thank you for your attention to this matter.

Sincerely,

Thomas Communications & Technologies, LLC

Shari Dwyer
Shari Dwyer
Vice President of Telecommunications

No. of Copies rec'd 2
List A B C D E

SLD:nlo

Entity Number **125098**Applicant's Form Identifier **PY3487203**Contact Person **Shari L. Dwyer**Phone Number **315-426-8445****Block 5: Discount Funding Request(s)**

Block 5, page 3 of 3

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # **(to be assigned by administrator)**

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) MTM					
					16 Billing Account Number (e.g., billed telephone number) 909007752					
12 Form 470 Application Number (15 digits) 86906000282661					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) 1/15/2000					
13 SPIN - Service Provider Identification Number (9 digits) 143000281					18 Contract Award Date (mm/dd/yyyy)					
					19 Service Start Date (mm/dd/yyyy) July 1, 2000					
14 Service Provider Name Frontier Cellular					20 Contract Expiration Date (mm/dd/yyyy)					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Front 1c-4c</u>										
22 Entity/Entities Receiving This Service:					a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): A-0103					
23 Calculations										
Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
\$140.82	NONE	\$140.82	12	\$1,689.84	NONE	NONE	NONE	\$1,689.84	46%	\$777.33

ORIGINAL

Entity Number <u>125048</u> Contact Person <u>Shari L. Dwyer</u>	Applicant's Form Identifier <u>PY3487203</u> Phone Number <u>315-426-8445</u>
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Block 5: Discount Funding Request(s)

Block 5, page 3 of 4

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
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FRN# (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>
	16 Billing Account Number (e.g., billed telephone number) <u>909007752</u>
12 Form 470 Application Number (15 digits) <u>816906000282661</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01/15/2000</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143000281</u>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>
14 Service Provider Name <u>NYNEX Mobile of New</u>	20 Contract Expiration Date (mm/dd/yyyy)
21 Description of This Service:	You MUST attach a description of the service including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>Front 1c-3c</u> → <u>York Limited Partnership</u>
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-0103</u>

Recurring Charges					One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)
<u>\$54.62</u>	<u>\$0.00</u>	<u>\$54.62</u>	<u>12</u>	<u>\$655.44</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$655.44</u>	<u>44%</u>	<u>\$288.39</u>

REVISED BLOCK 5

Entity Number <u>125098</u>	Applicant's Form Identifier <u>PY3487203</u>
Contact Person <u>Shari L. Dwyer</u>	Phone Number <u>315-426-8445</u>

Block 5: Discount Funding Request(s)

Block 5, page 4 of 4

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FRN# <u>(to be assigned by administrator)</u>										
11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections					15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>					
					16 Billing Account Number (e.g., billed telephone number) <u>200-134-0419</u>					
12 Form 470 Application Number (15 digits) <u>81806000282661</u>					17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01/15/2000</u>					
13 SPIN - Service Provider Identification Number (9 digits) <u>143000736</u>					18 Contract Award Date (mm/dd/yyyy)					
14 Service Provider Name <u>Vanguard Cellular Systems dba</u>					19 Service Start Date (mm/dd/yyyy) <u>07/01/2000</u>					
21 Description of This Service: You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>CELL 1d</u> <u>AT&T Wireless (Cellular One)</u>					20 Contract Expiration Date (mm/dd/yyyy)					
22 Entity/Entities Receiving This Service: a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : _____ b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): <u>A-0103</u>										
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\$86.20	\$0.00	\$86.20	12	\$1,034.40	\$0.00	\$0.00	\$0.00	\$1,034.40	44%	\$455.14

REVISED BLOCK 5



AATN MARILYN CUNDY
HORSEHEADS CENTRAL SCHOOL DISTRICT

Account: 009-09007752
of Wireless Svcs: 2

Page: 3 of
Bill Date: May 24, 1999

ACCOUNT DETAILS

Payment Details

May 20 1999 THANK YOU FOR YOUR PAYMENT \$29.57CR
TOTALS \$29.57CR

USAGE SUMMARY

Mobile Number	User Name	Budget Center	Airtime Min \$	Long Distance Min \$	Travel Charges Min \$	Monthly Access	HAC	Taxes & Surcharges	Other Charges	Total	
607-738-0980			0.0	\$.00	0.0	\$.00	0.0	\$.00	\$8.60	\$.00	\$10.03
607-738-0981			0.0	\$.00	0.0	\$.00	0.0	\$.00	\$8.60	\$.00	\$10.96
Totals			0.0	\$.00	0.0	\$.00	0.0	\$.00	\$17.20	\$.00	\$20.99

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Account: 009-09003193 Page: 3 of 5
HORSEHEADS CENTRAL SCHOOL DISTRICT # of Wireless Svcs: 1 Bill Date: May 24, 1999

ACCOUNT DETAILS

Payment Details

May 20 1999	THANK YOU FOR YOUR PAYMENT	\$17.00CR
	TOTALS	\$17.00CR

Account: 009-09003193 Page: 4 of 5
HORSEHEADS CENTRAL SCHOOL DISTRICT Wireless Svc # 607-738-4441 Bill Date: May 24, 1999

DETAILS FOR WIRELESS SERVICE # 607-738-4441

New York State Plan

Home Airtime Peak @ \$.170/min
Off Peak @ \$.100/min
Off Peak2 @ \$.100/min

New York State Plan

May 25 to Jun 24 \$8.95
May 25 to Jun 24

TOTAL MONTHLY SERVICE CHARGES

\$8.95

USAGE SUMMARY

	PEAK	OFF PEAK	OFF PEAK2
Billable Minutes	47	3	30
Airtime Charges			\$11.29
E911 Emergency Surch			\$.70
Gross Rev Surchg			\$.90
USF Recovery Charge			\$.35
TOTAL CHARGES			\$22.19

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ATTN MARYLYN CUNDY PO 202065 Account: 009-08002306 Page: 3 of 4
HORSEHEAD'S CENTRAL SCHOOL DISTRI # of Wireless Svcs: 1 Bill Date: May 24, 1999

ACCOUNT DETAILS

Payment Details

May 20 1999	THANK YOU FOR YOUR PAYMENT	\$11.44CR
	TOTALS	\$11.44CR

ATTN MARYLYN CUNDY PO 202065 Account: 009-08002306 Page: 4 of 4
HORSEHEAD'S CENTRAL SCHOOL DISTRI Wireless Svc # 607-738-5010 Bill Date: May 24, 1999

DETAILS FOR WIRELESS SERVICE # 607-738-5010

New York State Plan

Home Airtime Peak @ \$.170/min
Off Peak @ \$.100/min
Off Peak2 @ \$.100/min

New York State Plan	May 25 to Jun 24	\$8.95
Call Wait/3-Way/Fwd	May 25 to Jun 24	\$1.00

TOTAL MONTHLY SERVICE CHARGES	\$9.95
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USAGE SUMMARY

E911 Emergency Surch	\$.70
Gross Rev Surchg	\$.44
USF Recovery Charge	\$.35
TOTAL CHARGES	\$11.44

100-1-123

CELLULARONE®

BILL SUMMARY FOR ACCOUNT #: 200-134-0419
CELLULAR NUMBER: 607-731-2172

Bill Date: May 22, 1999
PAGE 3

Home System Charges

& Roaming Charges

Toll Charges

Roaming Charges

Taxes & Other Charges

Package Description

\$86.20

amt. including
previous
balance...

CELLULARONE®

BILL DETAIL FOR ACCOUNT #: 200-134-0419

Bill Date: May 22, 1999
PAGE 4

DETAIL OF CALL CHARGES (for Cellular Number 607-731-2172)

Date	Time	Number Called	Destination	Period*	Minutes	Airtime	Toll	Total
1.	4/22	0616P	607-785-5293	LOCAL	P	1.0	\$0.000	\$0.050
2.	4/22	0617P	607-796-5016	LOCAL	P	2.0	0.000	0.050
3.	4/28	0929A	607-739-5601	LOCAL	P	3.0	0.000	0.050
4.	4/28	0224P	607-739-5601	LOCAL	P	1.0	0.000	0.050
5.	4/28	0250P	607-731-2172	INCOMING CL	P	1.0	0.000	0.000
6.	4/28	0251P	607-739-6367	LOCAL	P	17.0	0.000	0.050
7.	4/28	0637P	607-739-5601	LOCAL	P	1.0	0.000	0.050
8.	4/29	0446P	607-739-5601	LOCAL	P	1.0	0.000	0.050
9.	4/30	0909A	607-739-5601	LOCAL	P	5.0	0.000	0.050
10.	4/30	1111A	607-739-5601	LOCAL	P	1.0	0.000	0.050
11.	4/30	1113A	607-739-5601	LOCAL	P	2.0	0.000	0.050
12.	5/02	0414P	607-962-0239	LOCAL	O	1.0	0.000	0.050
13.	5/02	0430P	607-962-0239	LOCAL	O	3.0	0.000	0.050
14.	5/02	0433P	607-734-4761	LOCAL	O	2.0	0.000	0.050
15.	5/03	0825A	607-739-5601	LOCAL	P	1.0	0.000	0.050
16.	5/03	0826A	607-739-5601	LOCAL	P	1.0	0.000	0.050
17.	5/03	0827A	607-739-5601	LOCAL	P	1.0	0.000	0.050
18.	5/03	0829A	607-754-3863	LOCAL	P	4.0	0.000	0.050
19.	5/03	0833A	607-739-5601	LOCAL	P	2.0	0.000	0.050
20.	5/03	0903A	607-734-2271	LOCAL	P	2.0	0.000	0.050
21.	5/03	0905A	607-734-2271	LOCAL	P	1.0	0.000	0.050
22.	5/03	1111A	607-734-2271	LOCAL	P	2.0	0.000	0.050
23.	5/03	1114A	607-739-5601	LOCAL	P	4.0	0.000	0.050
24.	5/03	1124A	607-734-2271	LOCAL	P	5.0	0.000	0.050
25.	5/03	1238P	607-739-5601	LOCAL	P	1.0	0.000	0.050
26.	5/03	1239P	607-739-5601	LOCAL	P	10.0	0.000	0.050
27.	5/03	1249P	607-739-5601	LOCAL	P	4.0	0.000	0.050
28.	5/04	0916A	607-739-5601	LOCAL	P	2.0	0.000	0.050
29.	5/04	1035A	607-739-5601	LOCAL	P	2.0	0.000	0.050
30.	5/04	0232P	607-739-5601	LOCAL	P	6.0	0.000	0.050
31.	5/05	0823A	607-739-5601	LOCAL	P	3.0	0.000	0.050
32.	5/05	0915A	716-593-4296	WELLSVILLE NY	P	7.0	0.000	1.910
33.	5/05	1203P	607-739-5601	LOCAL	P	4.0	0.000	0.050
34.	5/05	1211P	607-737-2854	LOCAL	P	2.0	0.000	0.050
35.	5/05	1213P	607-974-4690	LOCAL	P	2.0	0.000	0.050
36.	5/05	1222P	607-796-5016	LOCAL	P	5.0	0.000	0.050
37.	5/05	1228P	607-739-5601	LOCAL	P	7.0	0.000	0.050
38.	5/05	0104P	607-962-6967	LOCAL	P	8.0	0.000	0.050
39.	5/05	0112P	607-737-2854	LOCAL	P	1.0	0.000	0.050
40.	5/05	0249P	607-737-2854	LOCAL	P	7.0	1.200	0.050
41.	5/05	0256P	607-739-6357	LOCAL	P	9.0	2.700	0.050
42.	5/06	0824A	607-739-5601	LOCAL	P	10.0	3.000	0.050
43.	5/06	0147P	607-739-6356	LOCAL	P	8.0	2.400	0.050
44.	5/07	0126P	607-739-5601	LOCAL	P	6.0	1.800	0.050
45.	5/11	0538P	607-796-5016	LOCAL	P	3.0	0.900	0.050
46.	5/11	0540P	607-962-0239	LOCAL	P	2.0	0.600	0.050
47.	5/12	0113P	607-739-5601	LOCAL	P	1.0	0.300	0.050
48.	5/12	0239P	607-739-5601	LOCAL	P	2.0	0.600	0.050
49.	5/19	0845A	607-739-5601	LOCAL	P	5.0	1.500	0.050
50.	5/19	1215P	607-739-5601	LOCAL	P	2.0	0.600	0.050



CELL ID